MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14	1					
15						
16						
17		1				
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20	1					
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.						
TOTAL CLAIMS	14					

	IND	DEP	IND	DEP	IND	DEP
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52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						